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| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> |  | Application Number     | 10/521,534-Conf. #8954   |
|  |  | Filing Date            | August 31, 2005          |
|  |  | First Named Inventor   | Peter Serno              |
|  |  | Art Unit               | 1615                     |
|  |  | Examiner Name          | H. N. Sheikh             |
| Total Number of Pages in This Submission   |  | Attorney Docket Number | LeA35683 [83964(303989)] |

| ENCLOSURES (Check all that apply)  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):<br>PTO form SB/08a (11 pages)<br>Certificate of Electronic Filing |
| <div style="border: 1px solid black; padding: 5px; width: fit-content;">Remarks</div>  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                   |          |        |
|--|-----------------------------------|----------|--------|
| Firm Name                                  | EDWARDS ANGELL PALMER & DODGE LLP |          |        |
| Signature                                  | /Gabriel J. McCool/               |          |        |
| Printed name                               | Gabriel J. McCool                 |          |        |
| Date                                       | October 8, 2010                   | Reg. No. | 58,423 |

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| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). |   |
| Dated: October 8, 2010   | Electronic Signature for Gabriel J. McCool: /Gabriel J. McCool/ |